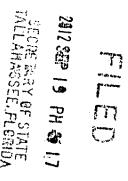
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Office Use Only

# **COVER LETTER**

دمثيه

TO:

TO: Registration Section Division of Corporations	
· <sub>SUBJECT:</sub> Sea Grape Stables L	LC.
00200011	mited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Walter Ellis	1 <b>Pi</b> 2.
	Name of Person
Sea Grape Stables LLC	HE SE
	Firm/Company
9437 167th Place North	PH E.FL.
	Address
Jupiter Florida 33478	Σ <sup>*</sup>
<del></del>	City/State and Zip Code
wellis@rgf.com	sed for future annual report notification)
	·
For further information concerning this matter, pl	ease call:
Walter Ellis	at (561 ) 714-3673
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	::
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$	
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Sea Grape Stables L.L.C.		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
9437 167th Place North	9437 167th Place North	
Jupiter Florida 33478	Jupiter Florida 33478	•
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another  ss of the registered agent are:	
Walter Ellis	世代	g y
<del>-</del>	Name Control of the Name	; =
9437 167th	Place North	Ш
Florid	a street address (P.O. Box NOT acceptable)	
Jupiter	<sub>FL</sub> 33478	
<del>-</del>	City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
Manager	Walter Ellis 9437 167th Place North Jupiter Florida 33478
	2312 SE
(Use attachment if necess	ary)
RTICLE V: Effective date, if of an effective date is listed, the or 90 days after the date of file.	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior ng.)
REQUIRED SIGNATU	RE:
Signatu	e of a member or an authorized representative of a member.
constitutes an af I am aware that a constitutes a thir	th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee